RECOMMENDATIONS FOR EDUCATION AND TRAINING

IN PRIMARY CARE PSYCHOLOGY+

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As the range of contexts of psychological research and practice expands into primary care settings, training opportunities are necessary for psychologists to gain the relevant skills for effective involvement in health care teams. At this point there are few organized, sequential experiences that enable psychologists to learn the information and gain the skills necessary for working in primary care settings. As the psychological knowledge and skills useful for primary care evolve, it is important to organize them and design pedagogical techniques that enhance acquisition. These skills may be learned in diverse settings, under different conditions, and psychological practitioners from a variety of training backgrounds may seek to become involved.

The purpose of this chapter is to propose an organized sequence of knowledge and skills for psychologists who wish to practice and do research in primary care settings[1]. These skills may involve operation at the level of the family or emotional system or individually based prescriptive clinical techniques, such as biofeedback or specific psychotherapeutic interventions. The proposed curriculum is designed for formal training programs, such as pre-doctoral, internship, or post doctoral experiences, or for individuals who seek to enhance their competency in the skills required for working in primary care through self-guided or continuing education First, the need for such training is demonstrated. To respond to this need, the traditional role of psychologists as providers of mental health services is expanded to embrace the larger, more

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[1]This curriculum was developed by the APA Interdivisional Committee for a Primary Care Curriculum: Susan H McDaniel PhD, Chair from family psychology; Cynthia Belar PhD from health psychology, Carolyn Schroeder PhD from pediatric psychology; Esther Lerman Freeman PhD from independent practice; and David Scott Hargrove PhD from the Board of Educational Affairs.

inclusive set of responsibilities of the psychologist as health professional. Second, the specific core knowledge and skills necessary for work in primary care settings are identified along with specific suggestions for resources and exercises to develop the knowledge and skills. Finally, the different levels of training in primary care are described from the graduate to the post-graduate.

The Need for Training Psychologists in Primary Care

A psychologist who works in primary care is a general practitioner who has skills in the psychological assessment and intervention with common health problems of patients and families throughout the lifespan. The primary care psychologist works collaboratively with other health care professionals to provide continuity of care and to help identify important questions for research using a biopsychosocial model. Thus the curriculum for education and training of generalist psychologists is distinguished by its breadth and comprehensiveness, its provision of opportunities to work with health care professionals other than those in the mental health field, and its explicit attention to experiences involving continuity of care within a systems perspective. The obligation to evaluate and understand the mechanisms by which systems operate to produce specified outcomes also is inherent in the psychologists' role.

Currently, applied psychology training programs in clinical, counseling, and school psychology typically train people for general research and practice, leaving specialization training to post-doctoral and continuing education experiences. Although training may follow different models, the Guidelines and Principles for Accreditation of Programs in Professional Psychology (APA, 2000) reflect a core value of broad and general preparation for practice at the entry level. The curriculum proposed in this chapter assumes basic doctoral training in

psychology. Within professional psychology, it represents a merging of knowledge, skills, and attitudes fundamental to clinical, counseling, and school psychology with the focus areas of family, clinical child, pediatric, and clinical health psychology that are relevant for primary care psychology. As noted in Chapter 1, traditional training programs do not train psychologists for work in primary care settings; a curriculum to guide such training is needed.

Levels of Education and Training in Primary Care Psychology

Historically, professional psychologists have been trained in Boulder Model programs, with an integration of science and practice at the core of their work (Raimy, 1950). The perspective of science (including knowledge of focused, contextually relevant research and useful methodologies for both basic and applied inquiry) grounds the psychologist as a member of the interdisciplinary primary health care team.

Multiple levels of education and training must be addressed as the profession of psychology moves toward the future in primary care. At one level, students can prepare for practice in primary care as part of their initial preparation for careers as professional psychologists; this will require preparatory experiences in both academic and clinical primary care settings. Optimally, this training begins at the undergraduate level, as students entering the field may have backgrounds not only in psychology, but biology and sociology as well. Graduate programs then provide additional coursework and practica. Other students may become primary care psychologists through education and training at the internship and postdoctoral levels. Yet another pathway to competence in primary care can be pursued by psychologists who are already at the level of independent practice and who seek to expand their practices to include primary care work. There are several available means of expanding practice into

primary care. For example, in a fellowship model, a psychologist may take an extended leave (for a year or two) from a practice to engage in education and training designed for primary care work.[2] Another approach to gaining primary care psychology knowledge and skills involves supervised self-study. This approach includes taking relevant graduate level courses and/or continuing education courses as well as receiving supervision in a primary health care setting. Working with an experienced primary care psychologist is critical for this advanced level of training. This curriculum is designed so that it may be adapted by predoctoral psychology training programs, internship settings, post-doctoral programs, and by individuals for self-study and continuing education.

PRIMARY CARE PSYCHOLOGY: CORE KNOWLEDGE AND SKILLS

This curriculum was developed with the assumption that effective training of psychologists for work in primary care settings takes place within a biopsychosocial context (Engel, 1977). This model emphasizes the reciprocal and dynamic influence of biological, psychological, and social forces on etiology, experience of illness, and treatment of disease. While the interaction among components is integral to the experience of illness, in the context of training the component parts must be identified and clearly articulated.

This curriculum is based on several assumptions. They include:

* Primary care psychologists (like other primary care professionals) are generalists, who play multiple roles on the primary health care team. This is the consistent with traditional generalist

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[2]For examples of training programs in primary care, see McDaniel, Belar, Schroeder, Hargrove, and Freeman, <u>Professional Psychology</u>, In Press.

training for psychologists in clinical, counseling, and school psychology.

* The education and training of psychologists must be developmental, biopsychosocial, and systemic in nature.

* Primary care requires knowledge of prevention and wellness.

* Primary care is collaborative in nature.

* Primary care problems often have a relational dimension, requiring education about patient-family, physician-patient, and other important relationships.

* Primary care psychologists bring to the healthcare team expertise in behavioral health, developmental psychology, psychopathology, family and systems issues, and research skills.

* Primary care is practied in many different kinds of setting including rural and urban sites, ambulatory and in-patient settings, private and government-owned clinics, community-based and academic health centers, independent practices and health-maintenance organizations. Psychologists must understand the context of the practice and the population that it serves (McDaniel, Belar, Schroeder, Hargrove, & Freeman, In Press).

The resources for the development of this curriculum were: (1) published literature relevant to primary care psychology (e.g., Campbell, McDaniel & Seaburn, 1992; McDaniel, Hepworth & Doherty, 1992; Strohsahl, 1996; Belar & Deardorff, 1995; Belar, 1980, 1991,1997; Drotar, 1995; Schroeder, 1997; Hargrove & Keller, 1997; McDaniel & Campbell, 1986, 1997; McDaniel, Campbell & Seaburn, 1990; Bray & McDaniel, 1998; Diekstra & Jansens, 1988; Elliott & Kaplow, 1997; Zilberg & Carmody, 1995; Roberts, Carlson, Erickson, Friedman, LaGreca, Lemanek, Russ, Schroeder, Vargas & Wohlford, In press); (2) relevant American Psychological Association (APA) task force reports (e.g., Interprofessional Health Care Services

in Primary Care Settings: Implications for the Education and Training of Psychologists, APA,

1998; Primary Care Task Force Final Report, APA, 1996); (3) the perspectives of the authors

and consulting reviewers[3]; (4) data on the most common presenting conditions in ambulatory

care (1997 National Ambulatory Medical Care Survey: Woodwell, 1999); and (5) data

concerning the leading causes of morbidity and mortality that can be prevented or reduced

through behavioral interventions (Friedman, Sobel, Myers, Caudill, & Benson, 1995; United

States Department of Health and Human Services, 1999).

This proposed curriculum is comprehensive, but not exhaustive. Broad educational

objectives are followed by specific descriptions of knowledge and skills. To facilitate

implementation, each educational objective section is followed by a selection of references to the

knowledge base in the literature, and then suggestions for experiential training. These exercises

are meant to be illustrative, not prescriptive.

Following are the components of a comprehensive primary care psychology curriculum[4],

assuming a strong generalist background in professional psychology:

1. Biological components of health and illness

Objective: To understand the biological components of health, illness, and disease and the

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[3]We would like to acknowledge the helpful reviews of the curriculum offered by: Penny Bruker, Mark Larson, Ellen Poleshuck, Nancy Ruddy, David Seaburn, Sam Sears, and Linda Travis.

[4]The components and objectives of this curriculum were first reported in McDaniel, Belar, Schroeder, Hargrove, and Freeman, Professional Psychology, In Press.

interaction between biology and behavior, including:

    a. general knowledge of human anatomy, physiology, and pathophysiology, and

    b. general knowledge of pharmacology, with a special focus on those medications with

    known effects on behavior.

Resources[5]: 22, 23, 29, 55, 86, 91, 106, 116, 123, 128, 157, 169, 170.

Possible coursework: Pathophysiology, Neuroscience, Genetics, Pharmacology.

Exercises:

1. Identify a primary care physician and arrange for consultation about the biological aspects of the illness of a particular patient. Research and discuss the potential biological and behavioral effects of medications used to treat that illness.

2. Go to a medical library and view a Continuing Medical Education videotape on the illness.

3. Check the Discovery Health TV schedule (www.discoveryhealth.com) for upcoming programs related to medical problems and advances.

4.   Call a disease organization, such as the American Diabetes Association for literature on Type I and Type II diabetes. After you understand rudimentary information regarding these illnesses, meet with a nutritionist to understand the diabetic diet. Also, attend a support group to learn about the real-life problems this disease and its management cause.

5. Shadow a primary care physician and/or nurse practitioner seeing patients for half a day. Notice the nature of their work, the number of psychosocial problems that are directly or indirectly presented, and what they say would be helpful in their collaboration with psychologists.

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[5]Resources are listed by number in the back of this article.

2. Cognitive components of health and illness

Objective: To understand how learning, memory, perception, and cognition can influence health and health behavior, including

    a. knowledge of health belief models of patients and their families, and how these beliefs influence identification of health problems, help-seeking, and adherence to treatment regimens.

    b. knowledge of beliefs and attitudes that mediate help-seeking

    c. knowledge of cognitive factors that influence reactions to initial diagnoses and the processing of health information

    d. knowledge of the impact of biologic factors on cognitive functioning

Resources: 15, 23, 41, 85, 136, 172.

Exercises

1. Interview an ill person to learn about his or her personal and family beliefs about the illness and their beliefs about the cause of illness and its most appropriate treatment. Compare this to the beliefs held by the medical profession regarding this illness.

2. In supervision, describe your own family illness history and how this affects your health beliefs.

3. List ten medical illnesses that can affect cognitive functioning

4. Reflect upon the last time you made an appointment to see your primary care provider. What were your beliefs about the need for that appointment and what might transpire? How did your expectations match with what occurred during the visit?

3. Affective components of health and illness

Objective: To understand how emotions and motivation can influence health and health behavior, including

    a. knowledge of how affect influences cognition and attitudes that mediate help-seeking,

    b. knowledge of affective factors that influence reactions to initial diagnoses and the processing of health information, and

    c. knowledge of affective reactions to illness/injury/disability.

    d. knowledge of medical problems that can present as affective disorders (eg, throid disorders, steroid reactions, etc)

Resources: 15, 90, 121.

Exercises

1. Interview a patient and inquire as to his or her feelings regarding going to a physician, receiving a diagnosis, participating in treatment, telling friends and family about the illness.

2. Do an imagery exercise in which you imagine you have just been given the diagnosis of a chronic illness.

3. Reflect upon the last time you made an appointment to see your primary care provider. What emotions did you experience regarding the need for that appointment and what might transpire? How did you feel during the visit?

4. List 5 medical problems that might present as depression or anxiety.

5. Consider how cognitive and affective components might interact in health or illness. Examine a blemish on your body, and ascribe to it various meanings as listed below. With each meaning, examine the different feelings that might arise along with the different perceptions.

Ascribed meanings:

*a scar from a childhood injury during a summer vacation

*a scar from childhood physical abuse

*a scar from a successfully excised skin cancer

*a scar from an excised malignant melanoma

*a scar from self-mutilative behavior during adolescence

*a scar from a criminal attack

4. Behavioral and developmental aspects of health and illness

Objective: To understand behavioral aspects of health, help-seeking behavior, response to

illness and treatment, and prevention, as well as how development and individual differences

may interact with cognitive, affective, and behavioral components.

    a. knowledge of behavioral risk factors for problems seen in primary care

    b. knowledge of relationships among coping styles and health

      c. knowledge of the relationships among age, developmental context, and health

      d. knowledge of impact of psychopathology on response to illness and recovery

      e. knowledge of how operant and classical conditioning affect health and health behavior

Resources: 9, 10, 11, 23, 37, 38, 83, 86, 92, 124, 132, 137, 138, 162.

Exercises:

1. Interview 3 patients from different stages of the life cycle to understand their experiences of

health and illness, including preventive behaviors, help-seeking behaviors, coping and adaptation

to the stress of illness, and compliance with treatment regimens.

2. Interview the family of a person with a chronic illness to determine the family's perspective

of the illness, its effect on the identified patient, and on the functioning of the family.

3. Sit in on a group for the caregivers of patients with Alzheimers Disease to learn about its effects on the family.

4. Talk to a pediatrician or family physician about the developmental differences involved in examining young children, preteens, and teens, listening for issues of privacy, body image/anxiety, dependency, etc. Ask how the physician handles issues of inclusion and confidentiality with the child's parents.

5. Arrange to visit a clinic treating children with asthma, diabetes, or nutritional problems. Observe the children and families in the waiting room, and talk with the health professional about the nature of the child's problems and what developmental or behavioral factors are promoting or inhibiting treatment.

6. Contact the local chapter of the Tourette Syndrome Association and ask to attend a prent meeting. Arrange to talk with two parents and their children about the problems they experience in coping with the disorder, as well as ways they have learned to cope with it and how this has changed over time.

5. <u>Sociocultural</u> <u>components</u> <u>of</u> <u>health</u> <u>and</u> <u>illness</u>

<u>Objective</u>: To understand social and cultural factors in the development of health problems, access to health care, help-seeking behavior, and adherence to treatment and prevention. This includes:

    a. knowledge of the impact of interpersonal relationships on health and health behavior, and awareness of:

        (1) partner and family influences

(2) the impact of health professional(s), patient, and family communication on health, and

(3) the positive and negative effects of the social network and health;

b. knowledge of relationships among ethnicity, race, culture and health behavior, and

disease management;

c. knowledge of socioeconomic factors in health status and healthcare, including

(1) knowledge of relationship between socioeconomic status and health,

(2) knowledge of socioeconomic and sociopolitical factors specific to a local

community with respect to practice and resources.

d. knowledge of relationships between religion and health

e. knowledge of issues related to sexual orientation and health

f. knowledge of issues related to disability and health

g. knowledge of issues related to gender and health

h. knowledge of healthcare consumer groups and their impact of health policy and

healthcare delivery;

Resources: 1, 13, 24, 35, 36, 47, 56, 59, 64, 65, 68, 78, 83, 84, 96, 98, 105, 107, 118, 120, 129,

136, 152, 163, 175.

Possible coursework: Families, Systems and Health; Medical Sociology; Medical Anthropology,

etc.

Exercises:

1. Describe the effect of your ethnicity on your family's health beliefs. Illustrate with an illness

event and the family's approach to its treatment. Share the written description with a colleague

from a different ethnic group and compare experiences.

2. List the age, ethnicity, religion, class, and region of five patients. Describe and compare the effect of these social factors on their health beliefs.

3. Spend time in the clinic or emergency room of a hospital that serves poor people to learn the impact of economics on medical care.

4. Interview people from different economic groups regarding their attitudes and comfort level with the healthcare system.

5. Inteview a hospital social worker about the problems of patients with no insurance.

6. Visit a gay community health center, if there is one in your area, to learn their perspective on the impact of AIDS and what types of support these patients need. Learn also about your community's resources for these patients.

7. Interview a blind person, a person in a wheelchair, or another otherly-abled person to learn about their healthcare needs.

8. Make rounds with the hospital chaplain.

9. Arrange for an experience in which you are confined for a specific period of time, at least half a day, to a wheelchair, or blindfolded, and must function within your usual context.

6. Health Policy and Healthcare Systems

Objective: To understand how health policy and healthcare systems affects health.

    a. awareness of impact of health policy on health and healthcare, including:

        (1) knowledge of healthcare financing,

        (2) awareness of behavioral health carveouts as impediments to integrated primary care,

        (3) knowledge of the underinsured and uninsured: their healthcare needs and community strategies to care for them, and

(4) knowledge of trends in health policy;

b. knowledge of specific characteristics and sociopolitical features of the healthcare system, including

(1) awareness of healthcare system design, and

(2) awareness of impact of mind-body dualism on design of healthcare services;

c. knowledge of specific characteristics and sociopolitical features of primary care, including awareness of

(1) the role of primary care in the current healthcare system, and its differences from the mental health system

(2) similarities and differences between primary and specialty care, and how referrals and communications between them generally occur, and

(3) similarities and differences in various primary care settings (family practice, obstetrics- gynecology, pediatrics, general internal medicine, geriatrics).

Resources: 26, 32, 40, 42, 50, 58, 59, 72, 79, 82, 87, 108, 113, 122, 125, 153, 160.

 Exercises:

1. Investigate and describe the specific Medicaid plan for covering children's health and mental healthcare in your state.

2. Use local resources to determine the percentage of uninsured people in your county. Interview a physician or clerk in a local Emergency Department to find out what percentage of people are treated who have no insurance, the nature of their problems, and how these services are covered.

3. Speak to three people over the age of 70 and list the medications they take. Go to the

pharmacy and learn what the total costs are per month, and what part the patient pays. Find out

the average social security income of a 70-year-old.

4. Talk to a transplant patient about the cost of their care and medications.

7. <u>Common primary care problems</u>

<u>Objective</u>:   To acquire knowledge concerning the biological, cognitive, affective, behavioral,

and interpersonal aspects of the most common conditions and issues seen in primary care (see

Table 1), with a specific focus on the following as relevant:

   a. etiology,

   b. signs and symptoms,

   c. illness course,

      d. relevant treatments,

      e. prognosis,

      f.   psychophysiological components,

      g. methods for primary and secondary prevention, and

      h. Interpersonal and cultural context.

<u>Resources</u>: 14, 15, 22, 24, 30, 31, 45, 57, 67, 98, 117, 142, 147, 148, 154, 165, 167.

<u>Exercises:</u>

1. Investigate four common primary care problems, describe their incidence and recommended

treatment.

2. Write a case study of one of your patients who has a concurrent physical problem drawn from

the list above.   Describe the characteristics of the illness with respect to etiology, signs and

symtoms, illness course, etc (ie, a-h listed above).

3. Attend at least two illness support groups (for asthma, breast cancer, fibromyalgia, multiple sclerosis, etc) to learn what it is like for patients who live with these diseases.

4. Arrange to talk with a pediatrician or nurse practitioner about his/her evaluation and treatment of a common pediatric problem such as childhood attention deficit disorder. Prior to the meeting, research the problem, its evaluation and treatment in primary care.

8. Clinical assessment of common primary care conditions

Objective: To acquire knowledge and expertise in the assessment of relevant cognitive, affective, behavioral, relational, social and psychophysiological components for all common conditions seen in primary care, including:

a. knowledge of common medical assessment methods and ability to move through a medical assessment process to case formulation using the biopsychosocial model;

b. the ability to detect subthreshold clinical problems;

c. knowledge of mental health problems, such as anxiety and depression, how they might present differently in primary care than in specialty mental health clinics, and their association with certain medical illnesses

d. expertise in targeted, brief interviewing methods;

e. knowledge of and expertise in the use of empirically supported psychometrics   relevant to common primary care conditions, and

(1) awareness of limitations of traditional measures in primary care settings,

(2) knowledge of normative data relevant to primary care,

(3) knowledge and skills with brief screening instruments,

f. expertise in triage,

g. skills in obtaining information from collateral persons,

h. skills in working under time demand pressures,

i. skills in starting with an undifferentiated clinical population and sorting through various

domains of information quickly,

j. skills in targeting the assessment to the referral question in language that is   meaningful

to the person who made the referral, and the

k. ability to conduct assessments in medical settings, such as an exam room, the

Emergency Department, or a hospital bed.

Resources: 2, 12, 21, 30, 74, 76, 77, 101, 126, 133, 139, 146, 150, 155, 156.

Exercises:

1. Write an assessment of the psychological (intrapsychic and interpersonal) factors associated

with the case study above. Include your plan for coordinating assessment with the primary care

professional.

2. Research a measure, such as the Child Behavior Checklist (Auchenbach, 1991) the State-Trait

Anxiety Inventory (Speilberger, Gorsuch, & Lushene , 1970), or the Child Somatization

Inventory (Walker & Green, 1989). Investigate the norms to determine how the instrument

could be used in a primary care setting.

3. Interview patients and family members in healthcare settings such as the emergency room and

the county health department.

4. Do two home visits with a hospice or home healthcare nurse.

5. Describe the assessment process for a 6-year-old who presents with encopresis due to chronic

constipation.

9. <u>**Clinical**</u> <u>**interventions**</u> <u>**in**</u> <u>**primary**</u> <u>**care**</u>

<u>Objective</u>: To acquire knowledge and skill in implementing empirically supported and awareness of other clinically supported interventions for the prevention and treatment of the most common conditions in primary care, including:

    a. skills in developing a psychological treatment plan to include in collaborative care,

    b. skills in individual, couples and family, and group therapy,

    c. skills in supportive, cognitive behavioral, crisis intervention, family systems approaches, psychoeducation, and relapse prevention,

    d skills in case management,

    e. skills in negotiating treatment plans that are mutually-acceptable to the patient, family, and healthcare team,

    f. skills in increasing motivation for change and adherence,

    g. skills in implementing interventions through other providers,

    h. knowledge of community resources,

    i. skills in designing culturally sensitive interventions for local populations,

    j. practical, concrete, problem-solving skills, and

    k. a plan regarding when to refer patients needing a more intense level of care (eg, partial hospitalization, emergency care, hospitalization).

<u>Resources</u>: 3, 4, 30, 33, 35, 39, 43, 44, 46, 52, 57, 59, 69, 70, 73, 80, 81, 88, 92, 100, 101, 110, 111, 112 , 115, 124, 127, 132, 133, 135, 140, 145, 158, 166, 168, 173, 176.

1. As a part of the case study developed in the previous sections, develop an intervention plan that is collaborative in nature, involving the psychological, physical, and social health of the

patient. Also, describe the process by which a collaborative treatment plan is developed among the patient, family, and healthcare team.

2. Design a cognitive-behavioral treatment plan for a patient with depression who only sees you in the primary care setting once a month.

3. Choose a common pediatric problem and determine if there are any American Acedemy of Pediatrics recommended guidelines for the assessment and treatment of the problem. Write a critique, comparing these findings with what is actually done in practice (as reported by pediatricians and nurse practitioners you interview). If appropriate, write a list of recommendations on how more appropriate assessment and treatment could be incorporated into clinical practice.

4. Develop an intervention plan that is collaborative in nature to treat a 6-year-old child with encopresis due to chronic constipation.

5. Outline the steps you would take to intervene with a 12-year-old who is having a panic attack during a physical exam.

6. A physician prescribes a great deal of stimulant medication and asks you to develop- a cost-effective way to determine if the medication is indicated and, if so, how to determine the most appropriate dose. Write an outline on how you would proceed in consulting with this physician.

10. Interprofessional collaboration in primary care

Objective: To acquire knowledge and skill in interprofessional primary healthcare, including:

    a. knowledge of other disciplines integrally involved in primary care (including but not limited to family practitioners, pediatricians, internists, ob-gyns, nurse practitioners, registered nurses, licensed practical nurses, physician assistants, nutritionists, midwives,

alternative healers, social workers), with special attention to:

     (1) roles and functions,

     (2) education and training background ,

     (3) scope of practice and boundary issues

     (4) values and priorities,

b. expertise in collaboration with other professions, including:

     (1) ability to discriminate individual differences from discipline differences,

     (2) skills in coordination of care across the lifespan,

     (3) skills in clear communication with other disciplines, and

     (4) skills in co-creating an integrated treatment plan

c. expertise in consultation, such as:

     (1) patient-centered approaches,

     (2) consultee-focused strategies, and

     (3) brief curbside methods

d. knowledge of medical specialties frequently consulted by primary care providers,

especially skill in referral to and managing consultations with other providers

Resources: 17, 21, 25, 27, 48, 49, 50, 51, 59, 61, 66, 89, 90, 92, 93, 95, 96, 98, 99, 103, 109, 119, 130, 131, 141, 144, 149, 161, 170, 173, 174.

Possible coursework: Take any course in which other healthcare professionals are enrolled.

Exercises:

1. Shadow experienced primary care psychologists.

2. Observe half-day patient sessions of primary care physicians and nurses.

3. Round with a primary care physician in the hospital.

4. Sit with the nurses for report during the change of shifts.

5. Study the website for other healthcare professions' national organizations.

6. Select a representative primary care case and develop an interdisciplinary treatment plan. For example:

> *Christine is a 43-year-old single mother of two sons, ages 10 and 14. She has been coming to the clinic for over 6 years and is well-known to the team. The team consists of a psychologist, a nurse, a physician, a nutritionist, and a pharmacist. Christine is clinically obese, weighing 180 lbs at 5'2", practices poor nutrition, and does not exercise. She has gained 30 lbs in the last 18 months. She has been resistant to the idea of talking with the psychologist on the team.*

Answer the following questions--

a. How would you assess this patient? What are her strengths, and what are her problems?

b. What treatment plan would you put forward as a psychologist?

c. Talk to other professionals and describe the treatment plan of at least two other disciplines.

d. Describe an integrated treatment plan.

e. Which team members should play a primary role with this patient? Which a secondary role?

f. What are the potential medical and psychosocial complications in treating this patient?

7. Obtain supervision/consultation from a health professional who is not a psychologist.

11. <u>Ethical</u> <u>issues</u> <u>in</u> <u>primary</u> <u>care</u>

<u>Objective</u>: To be able to identify the distinctive ethical issues encountered in primary care practice, including but not limited to awareness of:

a. the multiple consumers of services, and identification of potential role conflicts,

b. problems encountered in team functioning, e.g., diffusion of responsibility,

c. the psychologist's scope of practice,

d. distinctive issues related to informed consent and confidentiality (negotiating with the patient to share relevant information with the primary care team),

e. the potential for dual relationships, and

f. management issues when involved with multiple family members across the life span.

<u>Resources</u>: 21, 59, 71, 101, 149.

<u>Possible</u> <u>coursework:</u> Interdisciplinary course in medical ethics.

<u>Exercise:</u>

1.   Discuss the ethical issues in the following primary care case:

Mr Brown is seeing you for marital therapy. He discloses in an individual interview that he is having unprotected sex with men about once a month. His health professional is unaware of this activity. How should you handle confidentiality in this situation?

2. Develop a plan for a mother who reports bruising her child while spanking him. Describe the ethical and legal considerations that influence your plan.

12. <u>Legal</u> <u>issues</u> <u>in</u> <u>primary</u> <u>care</u>

<u>Objective</u>: To be able to identify the distinctive legal issues often encountered in primary care

practice, including but not limited to:

    a. practice within scope of licensure, and

    b. possibilities of shared liability.

Resources: 21

Possible coursework: Legal aspects of healthcare.

Exercises:

1. Investigate the legal constraints on business practice between psychologists and other health professionals. In your state, is it best to have merged practices, or must collaborative practices be separate corporations?

2. A non-custodial parent demands to see the medical records of his or her child who has repeated urinary tract infections. Research and discuss the legal issues involved.

13. Professional issues in primary care

Objective: To be aware of and skilled in the special professional issues found in primary care practice, including:

    a. differences between on-site and off-site collaborative practice,

    b. differences between working with one vs. multiple groups of primary care providers,

    c. the effect of the psychologist's own personal and family issues with illness, disability, death and dying

    d. personality issues in collaborative practice, and

    e. reimbursement issues in managed care, Medicaid, Medicare, and other insurances, including differences in coverage for medical and psychological care,

    f. the ability to address decisions regarding amount of nonreimbursed services to provide to

referral sources (eg curbside consults, triage),

g. knowledge and skill in relevant marketing strategies,

h. consideration of salaried versus fee-for-service models in primary care,

i. commitment to life-long learning and skills in self-assessment of knowledge and competencies, and

j. the ability to function in different roles (team leader, direct service provider, consultant, case manager).

Resources: 7, 17, 18, 59, 60, 74, 98, 102, 107, 114, 148, 159.

Exercises:

1. Construct a strategy for seeking reimbursement in your community for psychoeducational groups and collaborative sessions (ie, sessions for which there is more than one clinician present).

2. Write a justification to an insurance company for a child to be treated by a psychologist for attention deficit/hyperactivity disorder.

3. Write a one-page advocacy statement for inclusion of psychological services in primary care for submission to your state legislature.

Resources

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Table 1.

<u>Common</u> <u>conditions</u> <u>seen</u> <u>in</u> <u>primary</u> <u>care</u>[6]

Abdominal Pain
Adjustment Disorders
Anxiety Disorders
Arthritis
Asthma
Attention Deficit/Hyperactivity Disorder
Back Pain
Birth control
Chest pain
Chronic Obstructive Pulmonary Disease
Depression
Dermatitis
Developmental Problems (toileting, sleep, oppositional behavior, social relationships,
    learning, puberty, marriage, aging, death)
Diabetes
Domestic Violence
Earache
Family Issues (e.g., divorce, blended families)
Fatigue
Grief Reactions
Heart Disease
Hypertension
Headache
Injury (falls, sprains and strains, motor vehicle accidents, assault)
Insomnia
Non-adherence to medical regimes
Obesity
Pain
Pregnancy
Sedentary Lifestyle

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[6]This listing of conditions is based on Woodell, 1999 (the National Ambulatory Care Survey); weiss, 2000 (<u>20 Common Problems in Primary Care</u>); and Schroeder, 1997a (common pediatric problems)

Sexual Disorders
Sexual Trauma (sexual abuse, rape)
Sleep Disorders
Somatoform Disorders
Stress Reactions
Substance Use and Abuse
Tobacco Use
Upper respiratory (sore throat, cough)
Urinary problems (incontinence, infections)